

EXHIBIT D

REQUIREMENTS

Text in italics are “philosophic” statements

Text in boxes provide Background and Intent

Common Program Requirement

Requirements below are subject to citation July 1, 2019

*Requirements I.D.2.e) are subject to citation July 1, 2020

I.D Resources

I.D.1 The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for resident education. (Core)

[The Review Committee must further specify]

I.D.2. The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote resident well-being and provide for. (Core)

I.D.2.a) access to food while on duty; (Core)

I.D.2.b) safe, quiet, clean, and private sleep/rest facilities available and accessible for residents with proximity appropriate for safe patient care; (Core)

Background and Intent: Care of patients within a hospital or health system occurs continually through the day and night. Such care requires that residents function at their peak abilities, which requires the work environment to provide them with the ability to meet their basic needs within proximity of their clinical responsibilities. Access to food and rest are examples of these basic needs, which must be met while residents are working. Residents should have access to refrigeration where food may be stored. Food should be available when residents are required to be in the hospital overnight. Rest facilities are necessary, even when overnight call is not required, to accommodate the fatigued resident.

I.D.2.c) clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)

Background and Intent: Sites must provide private and clean locations where residents may lactate and store the milk within a refrigerator. These locations should be in close proximity to clinical responsibilities. It would be helpful to have additional support within these locations that may assist the resident with the continued care of patients, such as a computer and a phone. While space is important, the time required for lactation is also critical for the well-being of the resident and the resident's family as outlined in VI.C.1.d).(1).

- I.D.2.d) security and safety measures appropriate to the participating site; and, (Core)
- I.D.2.e) *accommodations for residents with disabilities consistent with the Sponsoring Institution's policy. (Core) (Subject to citation July 1, 2020)
- I.D.3. Residents must have ready access to specialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)
- I.D.4. The program's educational and clinical resources must be adequate to support the number of residents appointed to the program. (Core)

[The Review Committee may further specify]

GUIDANCE

Access to Food, Sleep/Rest Facilities, and Lactation Facilities

Programs are expected to partner with their Sponsoring Institutions to ensure residents/fellows have adequate access to food, sleep/rest facilities, and lactation facilities, and to ensure appropriate safety and security measures are in place at all participating sites. Interpretations of the requirements for space may depend on the attributes of a participating site and the needs of residents/fellows when they are assigned to that site.

Sleep/rest facilities and lactation facilities should be clean and free of vermin.

At different participating sites, there may be differences in how residents/fellows perceive features of sleep/rest facilities (e.g., gender-based usage, bunking). There may also be differing expectations for sleep/rest facilities based on the type of resident assignment (e.g., overnight call, outpatient clinic). Because of site-, program-, and resident/fellow-specific factors, the ACGME does not provide uniform specifications for the physical space of sleep/rest and lactation facilities beyond the qualities indicated in the requirements and the associated guidance in the requirements' "Background and Intent." When assessing whether sleep/rest and lactation facilities are substantially compliant with the requirements, Sponsoring Institutions and programs should elicit feedback from the residents/fellows who use them.

Similarly, Sponsoring Institutions and programs may take different approaches to ensuring safety, security, and access to food, depending upon the nature of resident/fellow assignments and the availability of resources at participating sites. It is important for Sponsoring Institutions and programs to obtain resident/fellow input when evaluating these aspects of clinical learning environments.

When assessing a program's compliance, Review Committees place emphasis on what is reported by site visitors from their interviews and/or observations.

Accommodations for Residents/Fellows with Disabilities

Programs must work with their Sponsoring Institutions to ensure compliance with institutional policies related to resident/fellow requests for accommodation of disabilities. Common Program Requirements I.D.2, I.D.2.e) are companions of ACGME Institutional Requirement IV.H.4: "The Sponsoring Institution must have a policy, not necessarily

GME-specific, regarding accommodations for disabilities consistent with all applicable laws and regulations.”

Laws and regulations concerning requests for accommodation of disabilities include Title I of the Americans with Disabilities Act and related enforcement guidance published by the U.S. Equal Employment Opportunity Commission. Other federal, state, and local laws and regulations may also apply. It is common for program directors, coordinators, residents/fellows, faculty members, and designated institutional officials to collaborate with human resources, legal departments, and/or institutional officers/committees to manage requests for accommodation.

Reference Material

Sponsoring Institutions and programs must ensure that residents and fellows have access to medical literature that supports their clinical and educational work. Common Program Requirement I.D.3 is parallel to ACGME Institutional Requirement II.E.2: “Faculty members and residents/fellows must have ready access to specialty-/subspecialty-specific electronic medical literature databases and other current reference material in print or electronic format.”

Review Committee members are aware that the availability of a computer or mobile device with internet access alone may provide access to a wide range of relevant reference material. Many Sponsoring Institutions and programs purchase subscriptions to information resources and services to supplement open access materials. As with other programmatic resources, interpretation of the requirement may depend on unique circumstances of participating sites, programs, faculty members, and residents/fellows. Residents/fellows and faculty members may provide valuable input to Sponsoring Institutions and programs regarding the adequacy of available medical literature resources.

Resources to Support the Number of Residents/Fellows

Programs, in partnership with their Sponsoring Institutions, must ensure there are resources to support the number of residents/fellows they appoint. If a program fails to demonstrate that it has the capacity to provide each resident/fellow with a sufficient educational experience, a Review Committee may reduce that program’s approved complement (ACGME Policies and Procedures, Section 18.90).

REQUIREMENTS

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Common Program Requirement:

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I.D. Resources

- I.D.2.c) clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)

Background and Intent: Sites must provide private and clean locations where residents may lactate and store the milk within a refrigerator. These locations should be in close proximity to clinical responsibilities. It would be helpful to have additional support within these locations that may assist the resident with the continued care of patients, such as a computer and a phone. While space is important, the time required for lactation is also critical for the well-being of the resident and the resident's family as outlined in VI.C.1.d).(1).

- VI.C.1.d).(1) Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)

Background and Intent: The intent of this requirement is to ensure that residents have the opportunity to access medical and dental care, including mental health care, at times that are appropriate to their individual circumstances. Residents must be provided with time away from the program as needed to access care, including appointments scheduled during their working hours.

GUIDANCE

Section VI: The Learning and Working Environment has been expanded to include greater attention to both patient safety and resident and faculty member well-being.

Section II: Resources – A requirement to provide facilities for lactation has been added.

It is critical to acknowledge that the time for residency/fellowship often overlaps with the time for starting and raising families. This overlap may serve as a common source of stress for residents and fellows.

Rooms for lactation and other personal health care must provide privacy and refrigeration and be close enough to the clinical setting to be of use for residents and fellows who need them. Therefore, simply using a restroom as a facility for lactation or for medication administration would not meet the standard of cleanliness. Refrigeration capabilities are essential for storage. In addition, the availability of a computer and telephone will allow residents and fellows, if necessary, to provide continued attention to patient care while attending to their personal health care needs.

Interpretation of the requirement for “close proximity to clinical responsibilities” is left to the program and the institution. The requirements do not dictate a specific distance or a time element for the resident to get from the lactation facility or room for personal health care needs to the clinical location. Instead, institutions and programs are urged to consider the circumstances. For example, a busy, high-intensity clinical location, such as the intensive care unit, might require that the lactation room is in a location that allows immediate access to the patient care area, whereas a clinical location that is less busy or intense will not require such proximity. In addition, it is not necessary for the lactation or other personal health care needs facility to be solely dedicated to resident/fellow use.

With regard to residents and fellows being given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours, residents should give adequate notice if possible, and requests should be handled in a professional manner. See section VI.C.1.d.(1).

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Common Program Requirement

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I.E. The presence of other learners and other care providers, including, but not limited to, residents from other programs, subspecialty fellows, and advanced practice providers, must enrich the appointed residents' education. (Core)

I.E.1. The program must report circumstances when the presence of other learners has interfered with the residents' education to the DIO and Graduate Medical Education Committee (GMEC). (Core)

Background and Intent: The clinical learning environment has become increasingly complex and often includes care providers, students, and post-graduate residents and fellows from multiple disciplines. The presence of these practitioners and their learners enriches the learning environment. Programs have a responsibility to monitor the learning environment to ensure that residents' education is not compromised by the presence of other providers and learners.

GUIDANCE

Although other learners and advanced practice providers can, and frequently do, enhance resident education, there are certainly circumstances in which they interfere with that process. One example of such interference is the interposition of a fellow or an advanced practice provider in the communication of an attending physician faculty member and the resident (or resident team) in such a manner that the resident(s) does (do) not gain the educational benefit of direct communication with the attending physician faculty member. Another example is a fellow repeatedly performing procedures which the resident is expected to develop competence.

Situations of this type frequently involve a degree of intra- or inter-departmental disagreement on educational responsibilities. In the case of advanced care providers, they may also impact decisions made by the administration of the clinical site. The designated institutional official (DIO) and Graduate Medical Education Committee (GMEC) may be very helpful to the involved program(s) in arriving at an equitable and mutually beneficial solution to the issue.

REQUIREMENTS

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II. Personnel

II.A. Program Director

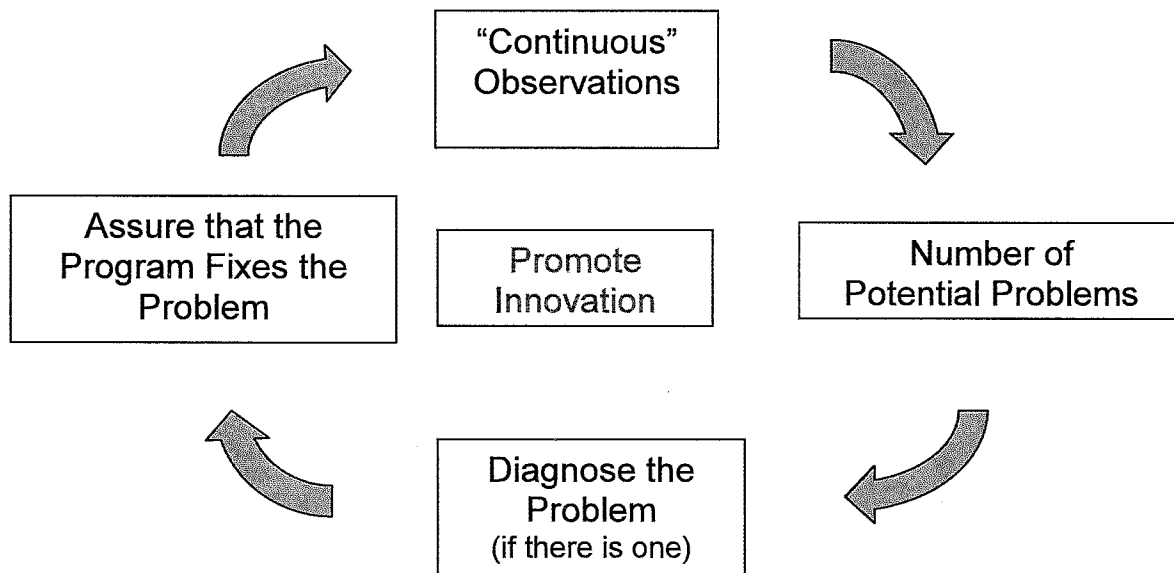
- II.A.1. There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. *(Core)*.

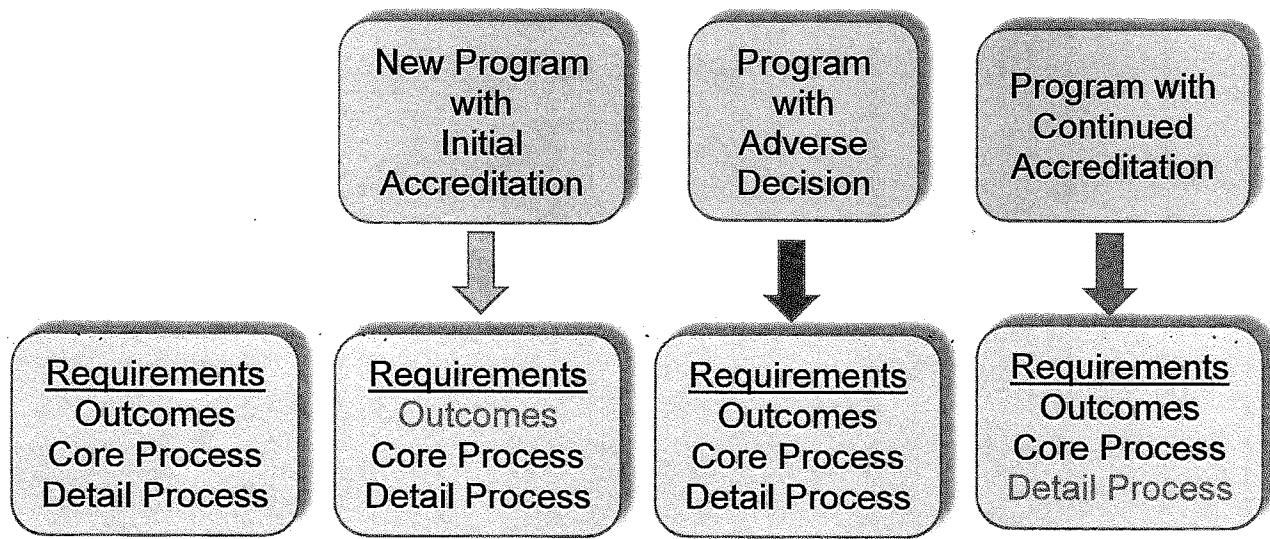
Background and Intent: While the ACGME recognizes the value of input from numerous individuals in the management of a residency, a single individual must be designated as program director and made responsible for the program. This individual will have dedicated time for the leadership of the residency, and it is this individual's responsibility to communicate with the residents, faculty members, DIO, GMEC, and the ACGME. The program director's nomination is reviewed and approved by the GMEC. Final approval of program directors resides with the Review Committee.

GUIDANCE

For this requirement, the Task Force wishes to emphasize that the program director has accountability for the entire program, *including compliance with all applicable program requirements*.

In the ACGME's accreditation model (the Next Accreditation System, or NAS), all Common Program Requirements were categorized as **Core**, **Outcome**, or **Detail**. In addition, periodic reviews or biopsies of programs were replaced by continuous observation and annual review. The goals are to ensure that problems are identified and addressed early, and to ensure that programs in substantial compliance with the requirements are able to innovate.





Core Requirement: is a requirement that defines structure, resource, or process elements *essential* to every graduate medical educational program. ALL programs must adhere to these requirements.

Outcome Requirements: Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education. ALL programs must adhere to these requirements. It is important to note that new programs with Initial Accreditation will not have outcomes (no graduates as of yet).

Detail Requirements: Statements that describe a specific structure, resource, or process, for achieving compliance with a Core requirement. Programs in substantial compliance with the applicable Program Requirements, or those with Continued Accreditation, may innovate and use alternative or innovative approaches to meet Detail requirements.

The program director must ensure compliance with all applicable program requirements and understand the program requirement categorization of Core, Outcome, or Detail. As noted, programs with Continued Accreditation can use innovative methods to meet Detail requirements.